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38155 7590 12/23/2009

HASSE & NESBITT LLC
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/597,991	06/21/2007	Eric James Wall	CHM-021M	8880

TITLE OF INVENTION: INJECTION DEVICE FOR ADMINISTERING A VACCINE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	03/23/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS			
PRICE, NATHAN R		3763	604-187000			

Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

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1 **HASSE & NESBITT LLC**
2 **Daniel F. Nesbitt**
3 _____

ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Children's Hospital Medical Center

Cincinnati, Ohio

Check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

The following fee(s) are submitted:

☒ Issue Fee
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Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Daniel F. Nesbitt

Date **January 4, 2010**

Typed or printed name _____

Registration No. **33,746**

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